

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717388

FILED
Mar 22, 2009
Secretary of State

Entity Name: HARDEE COUNTY FAIR INCORPORATED

Current Principal Place of Business:

617 RODEO DRIVE
WAUCHULA, FL 33873

New Principal Place of Business:

777 RECREATION COMPLEX DR.
WAUCHULA, FL 33873

Current Mailing Address:

ALTMAN ROAD
P O BOX 1236
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 59-2029480 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHERRY, JOSEPH B
451 RIVER LN
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ATCHLEY, TERRY
Address: 1035 KNOLLWOOD CIR
City-St-Zip: WAUCHULA, FL 33873

Title: P () Delete
Name: GORDON, JOHN G
Address: 2131 ST RD 62
City-St-Zip: BOWLING GREEN, FL 33834

Title: S () Delete
Name: CRAWFORD, TERESA
Address: 342 ALTMAN RD
City-St-Zip: WAUCHULA, FL 33873

Title: T () Delete
Name: RICH, SAM H
Address: PO BOX 966
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: GILL, EARL R
Address: 620 SAUNDERS ST
City-St-Zip: WAUCHULA, FL 33873

Title: VP () Delete
Name: CLARK, JAYA
Address: 117 ILLINOIS AVE
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: CHERRY, JOSEPH B
Address: 451 RIVER LANE
City-St-Zip: WAUCHULA, FL 33873

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STAGG, MONICA A
Address: 1402 GRIFFIN ROAD
City-St-Zip: WAUCHULA, FL 33873

Title: VP (X) Change () Addition
Name: CLARK, J. A.
Address: 117 ILLINOIS AVE
City-St-Zip: WAUCHULA, FL 33873

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA A. STAGG

D

03/22/2009

Electronic Signature of Signing Officer or Director

Date